

IN PATIENT SUMMARY BILL

UHID : MH31901

IP No : IP2024000164

Patient name : Mr.DEENADAYALAN M

Age : 58 Y 7 M 2 D/Male

Consultant Name : Dr.ARUN RAMANAN

Bill No : MMH/MH/IP202400160

Bill Date : 23/01/2024

DOA : 23/1/2024 11:28AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,925.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
4	NURSING CHARGE	₹ 375.00
5	PROFESSIONAL FEES	₹ 3,500.00
Gross Amount		₹ 6,525.00
Net Payable		₹ 6,525.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 1,525.00

Received Amount in Words :

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	23/01/2024	MMH/MH/RECH2024002	CASH	Advance Amount	5,000.00
2	23/01/2024	MMH/MH/REDH2024016	CARD	Collected Amount	1,525.00